

For Office use only

Cost Rs. 20/-

| BATCH | | | | | SERIAL | | | | | |
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(For Office use only)



NATIONAL INSTITUTE OF ELECTRONICS AND INFORMATION TECHNOLOGY

Electronics Niketan, 6, CGO Complex, New Delhi – 110 003
 Phone: 011-2436 3330-02, 2436 6577, 79, 80, FAX: 011-2436 3335
 Email: ccc@nielit.in, Web site: http://www.nielit.in

EXAMINATION APPLICATION FORM - CERTIFICATE COURSE ON COMPUTER CONCEPTS –(CCC)
 (READ ENCLOSED INSTRUCTIONS CAREFULLY BEFORE FILLING UP THIS FORM)

| | | | | | | | | | | | | | | |
|---|---|------------------------------|--|-----------------------------------|------------------------------|-------|--|---------|--|-----------------|--|------|--|---|
| <p>BOX A.</p> <p>Recent Photograph 35mm x 45mm</p> <p>Attested by a Gazetted Officer or Bank Officer or Incharge – NIELIT Accr. Instt.</p> | <p>BOX B. STATUS OF CANDIDATE</p> <table border="1"> <tr> <td><input type="radio"/> DIRECT</td> <td><input type="radio"/> GOVT. RECOG SCHOOL / COLLEGE</td> </tr> <tr> <td><input type="radio"/> ACCR. INSTT</td> <td><input type="radio"/> OTHERS</td> </tr> </table> <p>BOX D. FEE DETAILS</p> <table border="1"> <tr><td>DD NO</td><td></td></tr> <tr><td>DD DATE</td><td></td></tr> <tr><td>AMOUNT (in Rs.)</td><td></td></tr> <tr><td>BANK</td><td></td></tr> </table> | <input type="radio"/> DIRECT | <input type="radio"/> GOVT. RECOG SCHOOL / COLLEGE | <input type="radio"/> ACCR. INSTT | <input type="radio"/> OTHERS | DD NO | | DD DATE | | AMOUNT (in Rs.) | | BANK | | <p>BOX C.</p> <p>Recent Photograph 35mm x 45mm</p> <p>Unattested copy of Photograph pasted in Box A.</p> |
| <input type="radio"/> DIRECT | <input type="radio"/> GOVT. RECOG SCHOOL / COLLEGE | | | | | | | | | | | | | |
| <input type="radio"/> ACCR. INSTT | <input type="radio"/> OTHERS | | | | | | | | | | | | | |
| DD NO | | | | | | | | | | | | | | |
| DD DATE | | | | | | | | | | | | | | |
| AMOUNT (in Rs.) | | | | | | | | | | | | | | |
| BANK | | | | | | | | | | | | | | |
| <p>BOX E. SIGNATURE OF CANDIDATE</p> | | | | | | | | | | | | | | |

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| BOX F. | Month & Year of Examination |
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1. NAME - IN CAPITAL LETTERS

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2. FATHER'S NAME - IN CAPITAL LETTERS

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3. MOTHER'S NAME - IN CAPITAL LETTERS

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4. DATE OF BIRTH (in Christian Era) D D M M Y Y Y Y 5. SEX MALE FEMALE

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Darken appropriate box

6. HIGHEST QUALIFICATION: (Darken appropriate box AND attach Attested copy of the Certificate, in respect of the Box darkened)

Below 10th
 10th Pass
 10+2
 10th+ITI
 Polytechnic Diploma
 Graduation or higher

7. RESIDENCE DETAILS OF CANDIDATE - IN CAPITAL LETTERS

ADDRESS:

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CITY: STATE: PIN CODE

7.1. CONTACT DETAILS

PHONE NO. EMAIL ID

8. INSTITUTE DETAILS- IN CAPITAL LETTERS 8.1 E-PROV. NUMBER: 9 9

NAME:

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STATUS OF INSTITUTE: ACCR. INSTT GOVT. RECOG.SCHOOL/COLLEGE OTHERS

9. CENTRE CHOICE First Choice Second Choice

CITY CODE NAME CITY CODE NAME

10. OCCUPATION: (Darken the appropriate box)

- Govt. Employed Govt. undertaking Self Employed Other (Please Specify)

11. CATEGORY: (Darken the appropriate box)

- General Scheduled Caste Scheduled Tribe O.B.C.
 Handicapped Other Please Specify)

12. WHETHER APPEARED PREVIOUSLY IN 'CCC' EXAM YES/ NO

If YES, give details of immediate LAST EXAM only

MONTH: YEAR: ROLL NO.:

13. DECLARATION:

I _____ S/o /D/o _____ (Father's name) hereby declare that, all the particulars stated in the application, are true to the best of my knowledge and belief. I agree to abide by the rules and regulations of DOEACC Society and also to the decision of the Examination Authority, regarding my admission to the examination. I have noted that the Examination Authority has the right to withhold my result even after my appearing in the Examination in addition to any other action as may be deemed fit in the event of any of the statements made above being found incorrect. I have noted that, I might be required to appear in the examination at any other centre not specified under centre choice column above.

Place:

Date:

Signature of the Applicant

14. TO BE FILLED BY INSTITUTES / GOVERNMENT RECOGNISED SCHOOLS / COLLEGES, CONDUCTING 'CCC' COURSES, ONLY

(Refer to the Guidelines for Institutes)

Certification:

Certified that the applicant is / was a bonafide student, of NIELIT - **Certificate Course on Computer Concepts (CCC)** during the session from _____ to _____ at this institute and has *completed course before the examination*, and an amount of Rs. 340/- has been received from him/ her.

Signature:

Name:

Designation:

Institute Seal with Address

| <u>CHECK LIST OF THE ENCLOSURES</u> | |
|--|--------------------------------------|
| <u>ITEMS</u> | <u>Please Darken appropriate Box</u> |
| → Demand Draft (Examination fee) | <input type="radio"/> |
| → Attested Photograph | <input type="radio"/> |
| → Unattested Photograph | <input type="radio"/> |
| → Attested copy of Mark sheet of Highest Qualification Obtained by the Candidate | <input type="radio"/> |